The Honorable Robert J. Bryan

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT TACOMA

BRIAN TINGLEY Plaintiff, v. ROBERT W. FERGUSON, et al., Defendants.	NO. 3:21-cv-05359-RJB DECLARATION OF JUDITH M. GLASSGOLD, PSY.D.

I, Judith M. Glassgold, Psy.D, declare as follows:

1. I have been retained by counsel for Defendants as an expert in connection with the above-referenced litigation. I have personal knowledge of the contents of this declaration, and if called upon to testify, I could and would testify competently to the contents of this declaration.

I. QUALIFICATIONS

2. My background, experience, and scholarly publications are summarized in my curriculum vitae, which is attached as Exhibit A to this report.

3. I am a Lecturer and Clinical Supervisor at the Graduate School of Applied and Professional Psychology of Rutgers, the State University of New Jersey. I earned my Psy.D. in Clinical Psychology in 1989 from Rutgers, the State University of New Jersey. I have taught graduate and supervised graduate students at Rutgers in psychology and psychotherapy,

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especially in the area of sexual orientation and gender, as well as in the treatment of depression, anxiety, suicidality, and trauma.

4. I am a licensed psychologist in New Jersey. From 1991 to 2009, I maintained a clinical practice in New Jersey working with all ages on a broad range of psychological and mental health issues. I specialized in psychotherapy with lesbian, gay, bisexual, and transgender (LGBT) issues working with children, adolescents, and adults. In that capacity, I worked with hundreds of individuals struggling with sexual orientation and gender identity and expression.

5. I have extensive experience in public policy, including providing nonpartisan expertise on health issues for Congress. In that capacity, I advised on health policy issues and provided policy consultations on sexual orientation, gender identity, sexual orientation change efforts (SOCE), and conversion therapy (CT).[1] I worked for the American Psychological Association as the Associate Executive Director in the Public Interest Directorate. In that role, I developed public policies based on the science of psychology and represented the association to policymakers in Congress and federal agencies. A key area of focus was policies related to sexual orientation and gender identity. I was employed as the Director of Professional Affairs at the New Jersey Psychological Association where I advised psychologists on clinical issues and the Association on legal, regulatory and practice issues, including the New Jersey law prohibiting sexual orientation and gender identity change efforts (SOGICE) for minors.

6. In my writing and policy work, I focus on public policy, mental health, and psychology. I have authored a number of papers, presentations, and trainings related to the harmful effects of conversion therapy as well as appropriate approaches for those distressed by their sexual orientation or who face conflicts between their religious beliefs and sexual orientation. I have written extensively on these topics, as my curriculum vitae reflects, including

[1] Conversion therapy is also known as sexual orientation change efforts (SOCE) and gender identity change efforts (GICE), or sexual orientation and gender identity change efforts (SOGICE).

20 professional articles, professional book chapters and books, and over 60 presentations on psychotherapy of sexual orientation and gender identity.

7. I earned Fellow status with the American Psychological Association due to my expertise in sexual orientation and psychology of gender. I have received multiple professional honors and awards, including election to leadership positions in national associations, invitations to present at professional conferences, appointments to committees, the awarding of professional fellowships, and recognition of my scholarly achievement and public service.

8. My extensive and varied professional experiences have allowed me to develop a broad expertise in sexual orientation, gender identity, professional ethics, and related topics.

9. I served as the Chair of the American Psychological Association (APA) Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2007-2009) and wrote sections and edited the final report released in 2009 (the "APA Report," attached as Exhibit B).[2] Thus, I have extensive expertise in the content and rationale of the APA Report. The selection of the Task Force and the contents of the Report were defined by a charge of the APA Board of Directors that included: 1) Review and update the 1997 Resolution on Appropriate Therapeutic Responses to Sexual Orientation (APA, 1998); and 2) Generate a report that includes among other topics therapeutic interventions for children, adolescents, and adults who present a desire to change either their sexual orientation or their behavioral expression of their sexual orientation, or both, or whose guardian expresses a desire for the minor to change. Task Force members were selected who could assist in accomplishing the charge and included experts with expertise in multiple areas including psychotherapy for lesbian, gay, and bisexual individuals, heterosexual identity formation, the concerns of faith-based populations, and diverse populations. The Task Force included a research expert who could provide an impartial, thorough, and unbiased appraisal of the pro-SOCE research through a rigorous systematic review of the existing

[2] American Psychological Association (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

literature. The final APA Task Force Report was published with an accompanying Resolution to inform mental health providers, patients and their families, policy makers, community organizations, and faith-based organizations on the appropriate treatment for those distressed by their sexual orientation.

10. I served as one of the APA staff coordinators for the expert consensus panel that provided the basis of the final report of the 2015 U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) "Ending Conversion Therapy: Supporting and Affirming LGBT Youth" (SAMHSA Report, attached as Exhibit C).[3] I also contributed to the writing and editing of the final SAMHSA Report. The SAMSHA Report was undertaken to examine the research on children and youth and to educate providers on developmentally appropriate treatment for children and adolescents who present in treatment with concerns regarding sexual orientation and gender identity. An expert panel developed the consensus principles that underlie the report. The panel consisted of experts in child and adolescent mental health from a wide range of disciplines, including psychiatrists, psychologists and social workers with expertise on gender, sexual orientation, gender development, psychotherapy, and religious faith.[4] After an independent review of the research and based on the panels' professional expertise, the SAMSHA Report rejected the use of CT and provided scientific basis and guidance for effective and safe treatments for children and adolescents.

11. Since the publication of both of these reports, I have provided extensive training at conferences for educators, mental health, medical and social service professionals on sexual orientation change efforts, conversion therapy and appropriate interventions for children, adolescents, and adults addressing distress or conflicts regarding sexual orientation and gender identity (see Exhibit A).

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[3] Substance Abuse and Mental Health Services Administration (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf.

[4] Ibid., p. 9.

12. In the past 12 years, I have provided consultation on state legislation regarding sexual orientation, gender identity, and SOGICE, advised interested parties on the risks and benefits of psychological interventions, and provided expert testimony by declaration in cases such as *Schwartz v. City of New York*, No. 1:19-cv-00463 (E.D.N.Y.); *King v Christie*, No. 13-5038 (D.N.J.); and *Vazzo v. City of Tampa, Florida*, No. 8:17-2896 (M.D. Fla.). I have been qualified as an expert in psychology in connection with proceedings in New Jersey Family Court, where I provided expert testimony on multiple occasions during the early1990s.

II. DEFINITIONS AND DEVELOPMENTAL CONCERNS IN CHILDREN AND YOUTH

A. Definitions of Core Concepts and Terms

13. Sexual orientation is a well-established concept in psychology that refers to an enduring pattern of emotional, romantic, and/or sexual attractions and behaviors directed to another person. Sexual orientation is multidimensional, comprised of gendered patterns in attraction, attachment, emotions, and sexuality, as well as identity related to these patterns, behavior, and associated experiences and ideation. Sexual orientation focuses on biological characteristics of sex as well as aspects of gender identity and expression; it is usually discussed in terms of categories such as heterosexual, lesbian, gay, and bisexual (including bisexual, pansexual, queer, fluid).[5]

14. Decades of scientific research have shown unequivocally that heterosexual, gay, lesbian, and bisexual sexual identities are part of the normal spectrum of human sexual orientation and are not a mental illness or developmental defect.[6]

[5] American Psychological Association. *Answers to Your Questions For a Better Understanding of Sexual Orientation & Homosexuality*. Retrieved from https://www.apa.org/topics/lgbtq/orientation.pdf. See also the APA Dictionary of Psychology (2d ed. 2015), which defines sexual orientation as "one's enduring sexual attraction to male partners, female partners, or both. Sexual orientation may be heterosexual, same sex (gay or lesbian), or bisexual."

[6] American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf.

15. Gender identity is an established concept in psychology, referring to an internal, deeply rooted sense of oneself as belonging to a particular gender (i.e., as being a girl, woman, or female; a boy, a man, or male; a blend of male or female, or for some another gender); it is distinct from sexual orientation.[7] Gender identity is also distinct from gender expression, which refers to self-presentation including physical appearance, clothing choice, accessories, and behaviors. Most people have a gender identity that is congruent with their assigned sex at birth and is referred to as cisgender. For a transgender person, their gender identity does not match their assigned sex at birth. In addition, many people are gender-nonconforming—that is, their gender expression does not conform to traditional gender roles.

16. Gender expression is an established concept in psychology that refers to characteristics in physical presentation (e.g., clothing choices, accessories, or hairstyle) and mannerisms typically associated with being masculine or feminine.[8] Individuals can combine masculine and feminine characteristics in different ways and varying degrees, while some individuals present in an alternative ways. Variations in gender expression are not a mental illness or defect.

17. Decades of scientific research has shown that variations in gender identity and expression are normal aspects of human diversity and do not constitute a mental disorder or developmental defect.[9]

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[7] American Psychological Association. (2015). *Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychologist, 70*(9), 832–864. See also U.S. Substance Abuse and Mental Health Services Administration at 15 (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928 ("Gender identity refers to a person's deeply felt, inherent sense of being a girl, woman or female; a boy, a man or male; a blend of male or female; or an alternative gender.") and APA Task Force Report at 14 ("Gender identity is a person's own psychological sense of identification as male or female, another gender, or identifying with no gender.").

[8] World Professional Association for Transgender Health (2021). *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. Retrieved from https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?_t=1613669341; American Psychological Association (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist, 70*(9), 832-864. doi: 10.1037/a0039906 p. 861.

[9] American Psychiatric Association (nd2010). *Gender Dysphoria Diagnosis*. Retrieved from: https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.; American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist, 70*(9), 832–864.

18. Identity development and exploration are well-established concepts in psychology[10] that continue to be a cornerstone of developmental theories.[11] Identity development and exploration are part of the essential tasks of human development that occur during childhood and adolescence. Identity development and exploration are also key elements in psychotherapy.[12]

19. Individuals, including minors, have a variety of outcomes in their sexual orientation and gender identity and lived experience. The outcomes vary with individuals choosing diverse ways to define and express their identities. Some "come out" as lesbian, gay, bisexual, transgender, or some other identity, and some individuals do not. Thus, professional guidelines recommend non-directive treatment that "provide acceptance, support, and understanding of clients or the facilitation of clients 'coping, social support, and identity exploration and development," as this permits clients to follow their unique developmental pathway.[13] Engaging in treatment with a pre-determined sexual orientation or gender identity

[10] Erikson, E. (1950/1963). *Childhood and society (2nd edition).* Norton, NY.

[11] For example, Marcia, JE. (1980). Identity in Adolescence. In J. Adelson (Ed.), *Handbook of Adolescent Psychology*. New York: Wiley; Yarhouse, MA. (2005a). Christian explorations in sexual identity. *Journal of Psychology and Christianity, 24,* 291- 292; Spack, NP, Edwards-Leeper, L. Feldman, HA, Leibowitz, S. Mandel, F, Diamond, DA, &Vance, SR. (2012). *Pediatrics,* 129 (3) 418-425, Retrieved from https://doi.org/10.1542/peds.2011-0907.

[12] American Psychological Association (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf, p. 55.

[13] Multiple guidelines and statements exist, but key guidelines include: American Academy of Pediatrics – Supporting & Caring for Transgender Children; American Psychiatric Association - A Guide for Working with Transgender and Gender Non-conforming Patients; American Psychological Association – Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline; The World Professional Association for Transgender Health (WPATH) - Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. Substance Abuse and Mental Health Services Administration (2015). *Ending conversion therapy: Supporting and protecting LGBTQ youth*. Rockville, MD. Retrieved from https://store.samhsa.gov/product/Ending-Conversion-Therapy-Supporting-and-Affirming-LGBTQ-Youth/SMA15-4928.

goal and imposing this outcome on a client, especially a minor, violates ethical norms and scientific research on healthy outcomes.[14]

20. Conversion therapy (CT) refers to practices, performed by professionals and nonprofessionals, which seek to change the recipient's sexual orientation and/or gender identity. These efforts are also referred to as sexual orientation change efforts (SOCE), gender identity change efforts (GICE), and sexual orientation and gender identity change efforts (SOGICE). These efforts include attempts to reduce or eliminate same-sex sexual attractions or attempts to change sexual orientation from gay, lesbian, or bisexual, to heterosexual. SOGICE also includes practices aimed at changing gender identity, gender expression, or associated components of these to be consistent with gender role behaviors that are stereotypically associated with a person's sex assigned at birth.[15]

III. THE FOCUS AND PURPOSE OF WASHINGTON STATE'S RESTRICTION OF CONVERSION THERAPY

21. I have read Washington State law, SB 5722, ("Law") (2018) and in my professional opinion it is carefully-designed to end harmful and ineffective treatment to minors by licensed mental health providers. The Law, which is based on the best available scientific evidence, achieves the State of Washington's goals to protect the health and safety of minors. This Law enables minor integrity, autonomy, and self-worth while avoiding serious harms. This Law is amply supported by scientific research relevant to children and adolescents,[16] which was also presented at hearings on the legislation. I cover the relevant scientific research in later sections of this declaration.

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[14] American Psychological Association (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. https://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf.

[15] American Psychological Association (2021). APA Resolution on Gender Identity Change Efforts. Retrieved from https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf.

[16] For example U.S. Substance Abuse and Mental Health Services Administration (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928.

22. The Washington State Board of Health also prepared a Health Impact Review for SB 5722. Specifically, the Review noted that current scientific evidence confirms that CT is ineffective and harmful.[17]

23. The Health Impact Review found that the Law reduces health disparities experienced by sexual and gender minority children and youth. This conclusion echoes articles in the journal *Pediatrics*, the flagship journal of the American Association of Pediatrics, that urge immediate policy measures to reduce health disparities for these minors.[18] These interventions can be lifesaving due to heightened mental health risks to this population. This research indicates increased rates of serious emotional distress among lesbian, gay, bisexual, transgender and questioning youth that is not a function of their sexual orientation or gender identity. Rather, these risks stem from the stresses of prejudice, discrimination, rejection, harassment, and violence. These risks are mitigated by protecting minors from SOGICE by licensed professionals.

24. The Law is consistent with research on SOGICE. Multiple research studies found that SOGICE is ineffective, poses significant harms to individuals of all ages, and is particularly unsafe and harmful to minors.[19] This research includes assessments of participants of voluntary verbal therapy.

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[17] Montano, A. (2017). *Health Impact Review of SB 5722: Restricting the Practice of Conversion Therapy*. Retrieved from https://sboh.wa.gov/Portals/7/Doc/HealthImpactReviews/HIR-2017-18-SB5722.pdf.

[18] Shumer, D. (2018). Health Disparities Facing Transgender and Gender Nonconforming Youth Are Not Inevitable, Pediatrics, 141 (3) e20174079; Dowshen, N. & Ford, C.A. (2019). Urgent Need for Research to Achieve Health Equity for Sexual and Gender Minorities. Pediatrics, 144(3), e20192133.

[19] Bradshaw, K., Dehlin, JP, Crowell, KA Galliher, RV & Bradshaw, WS (2015) Sexual Orientation Change Efforts Through Psychotherapy for LGBQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints, Journal of Sex & Marital Therapy, 41(4), 391-412; Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. Journal of Counseling Psychology, 62, 95–105; Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. Journal of Homosexuality, 61, 1242–1268; Maccio, E.M. (2011). Self-Reported Sexual Orientation and Identity Before and After Sexual Reorientation Therapy, Journal of Gay and Lesbian Psychotherapy, 15(3), 242-259; Ryan, C., Toomey, R., Diaz, R.. & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment, Journal of Homosexuality DOI: 10.1080/00918369.2018.1538407; Turban, J. L., Beckwith, N., Reisner, SL & Keuroglian, AS (2020). Association between recalled exposure to gender identity conversion efforts

25. Research on SOGICE shows that SOGICE does not have a valid scientific basis for its underlying theories or its interventions[20] and is rejected by major mental health practitioners and professional associations and guidelines.[21] This is because SOGICE (1) is unsupported by valid evidence of efficacy; and (2) significant valid evidence shows that it can pose serious harm to patients who receive it. I discuss in-depth key issues that explain the scientific literature in Section V of this declaration.

26. There is no valid scientific evidence verifying claims of change of sexual orientation or attractions. Rather, multiple reviews of the research literature and empirical research have found that SOGICE is ineffective and poses significant harms to individuals of all ages, and to minors in particular.[22] The harms include life-threatening mental health conditions, such as increased suicidality and suicide attempts, increase in depression, anxiety, and substance use. Interventions that have been found to have no benefits and pose a risk of significant harm

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and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77(1):68-76. doi:10.1001/jamapsychiatry.2019.2285; Weiss, EM, Morehouse, J., Yeager, T, & Berry, T. (2010). A qualitative study of Ex-Gay and Ex-Ex-Gay Experiences. *Journal of Gay & Lesbian Mental Health*, 14(4), 291-319.

[20] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html; Drescher, J. (2015). Can sexual orientation be changed? *Journal of Gay and Lesbian mental health,1,* 84-93. doi: 10.1080/19359705.2014.944460.

[21] American College of Physicians (ACP), American Medical Association (AMA), American Academy of Pediatrics (AAP) and American Academy of Child and Adolescent Psychiatry (AACAP), American Psychiatric Association (APsyA)], psychological (American Psychological Association (APA) and American Psychoanalytic Association], counselors (American School Counselor Association (ASCA), social workers (National Association of Social Workers (NASW)], and international health organizations (Pan American Health Organization (of the World Health Organization), the World Psychiatric Association), World Professional Association for Transgender Health (WPATH), and the U.S. Substance Abuse and Mental Health Services Association (SAMHSA).

[22] Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior, 18,* 93-114; Przeworski, A. Peterson, E. & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, 28(1), pp. 81-100 https://doi.org/10.1111/cpsp.1237; Serovich, JM, Craft, SM, Toviessi, P, Gangamma, R, McDowell, T & Grafsky, EL (2008). A Systematic Review Of The Research Base On Sexual Reorientation Therapies. Journal of Marital and Family Therapy April 2008, Vol. 34, No. 2, 227–238.

and thus cannot qualify as a valid mental health intervention.[23] The following sections detail these issues.

27. The data and conclusions on the *ineffectiveness* and *harmfulness* of SOGICE have been confirmed by: a) the APA Task Force Report's systematic review research on those who participated in conversion therapy efforts published from 1960 to 2008; b) research studies from 2008 to the present summarized in this declaration;[24] c) systematic reviews and assessments of SOGICE research published between 2008 and 2021;[25] d) independent evaluations and analyses

[23] Ibid. Mercer, J. (2017). Evidence of potentially harmful psychological treatments for children and adolescents. *Child & Adolescent Social Work Journal*, *34*(2), 107-125. https://doi.org/10.1007/s10560-016-0480-2.

[24] Blosnich, J. R., Henderson, E. R., Coulter, R. W. S., Goldbach, J. T., & Meyer, I. H. (2020). Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016-2018. *American Journal of Public Health*, *110*(7), 1024-1030. https://doi.org/10.2105/AJPH.2020.305637 Bradshaw, K., Dehlin, JP, Crowell, KA Galliher, RV & Bradshaw, W.S. (2015) Sexual Orientation Change Efforts Through Psychotherapy for LGBQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints, Journal of Sex & Marital Therapy, 41(4), 391-412; Dehlin, J. P., Galliher, R. V., Hyde, D. C., & Crowell, K. A. (2014). Sexual orientation change efforts among current or former LDS church members. J*ournal of Counseling Psychology*, 62, 95–105; Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American Journal of Public Health*, *110*(8), 1221-1227. https://doi.org/10.2105/AJPH.2020.305701; Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. Journal of Homosexuality, 61, 1242–1268; Higbee, M., Wright, E. R., & Roemerman, R. M. (2020). Conversion therapy in the southern United States: Prevalence and experiences of the survivors. *Journal of Homosexuality*. Advance online publication. https://doi.org/10.1080/00918369.2020.1840213; Maccio, E.M. (2011). Self-Reported Sexual Orientation and Identity Before and After Sexual Reorientation Therapy, Journal of Gay and Lesbian Psychotherapy, 15(3), 242-259; Mallory, C., Brown, C. N. T., & Conron, K. J. (2019, June). *Conversion therapy and LGBT youth: Update.* The Williams Institute, UCLA School of Law. Retrieved from https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-Update-Jun-2019.pdf; Ryan, C., Toomey, R., Diaz, R.. & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment, Journal of Homosexuality DOI: 10.1080/00918369.2018.1538407; Salway, T., Ferlatte, O., Gesink, D., & Lachowsky, N. J. (2020). Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. *Canadian Journal of Psychiatry*, *65*(7), 502-509. https://doi.org/10.1177/0706743720902629; Weiss, E.M., Morehouse, J., Yeager, T, & Berry, T. (2010). A qualitative study of Ex-Gay and Ex-Ex-Gay Experiences. *Journal of Gay & Lesbian Mental Health*, 14(4), 291-319.

[25] Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior, 18,* 93-114; Przeworski, A. Peterson, E. & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, 28(1), pp. 81-100 https://doi.org/10.1111/cpsp.1237; Serovich, JM, Craft, SM, Toviessi, P, Gangamma, R, McDowell, T & Grafsky, EL (2008). A Systematic Review Of The Research Base On Sexual Reorientation Therapies. Journal of Marital and Family Therapy April 2008, Vol. 34, No. 2, 227–238.

of SOGICE in publications on harmful therapies;[26] and e) professional guidelines and statements of the major medical and mental health associations.[27]

28. The Law is consistent with the practice guidelines and professional ethics and judgements in these areas of the leading U.S. and international medical and mental health associations that form the standard of care for children, adolescents, and adults with these concerns.[28] These guidelines and ethics reject SOGICE.

29. The Law implements the existing scientific and professional consensus on appropriate interventions with children and adolescents and is carefully tailored to protect children and adolescents from harm while permitting their health concerns to be addressed. In my professional opinion, the Law is an excellent fit to the best scientific findings and professional and ethical guidelines.[29]

30. For example, after careful review of the scientific research and clinical literature by a panel of child and adolescent psychiatrists specifically charged to review the evidence, the American Academy of Child and Adolescent Psychiatry (AACAP) (2019) states:

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[26] Mercer, J. (2017). Evidence of potentially harmful psychological treatments for children and adolescents. *Child & Adolescent Social Work Journal*, *34*(2), 107-125. https://doi.org/10.1007/s10560-016-0480-2; Teachman, B. A., White, B. A., & Lilienfeld, S. O. (2021). Identifying harmful therapies: Setting the research agenda. *Clinical Psychology: Science and Practice, 28*(1), 101–106. https://doi.org/10.1037/cps0000002.

[27] These associations include, among others: American College of Physicians (ACP), American Medical Association (AMA), American Academy of Pediatrics (AAP) and American Academy of Child and Adolescent Psychiatry (AACAP), American Psychiatric Association (APsyA), psychological associations such as the American Psychological Association (APA) and American Psychoanalytic Association, counselors such as the American School Counselor Association (ASCA), social workers such as the National Association of Social Workers (NASW), and international health organizations such as the Pan American Health Organization (of the World Health Organization), the World Psychiatric Association), World Professional Association for Transgender Health (WPATH), and the U.S. Substance Abuse and Mental Health Services Association (SAMHSA) of the Department of Health and Human Services.

[28] Ibid.

[29] Multiple guidelines and statements exist, but key guidelines include: American Academy of Pediatrics – Supporting & Caring for Transgender Children; American Psychiatric Association - A Guide for Working with Transgender and Gender Non-conforming Patients; American Psychological Association – Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; American Psychological Association Guidelines for Psychological Practice with Sexual Minority Persons; Endocrine Society - Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline; The World Professional Association for Transgender Health (WPATH) - Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

> The American Academy of Child and Adolescent Psychiatry finds no evidence to support the application of any "therapeutic intervention" operating under the premise that a specific sexual orientation, gender identity, and/or gender expression is pathological. Furthermore, based on the scientific evidence, the AACAP asserts that such "conversion therapies" (or other interventions imposed with the intent of promoting a particular sexual orientation and/or gender as a preferred outcome) lack scientific credibility and clinical utility. Additionally, there is evidence that such interventions are harmful. *As a result, "conversion therapies" should not be part of any behavioral health treatment of children and adolescents*. [emphasis added]

31. SOGICE is inconsistent with the scientifically based guidelines and recommendations developed by medical, psychiatric, and psychological experts.[30] As noted in the AACAP statement below (para. 34), there are evidence-based guidelines for gender identity concerns in minors. In particular, the World Professional Association for Transgender Health (WPATH) developed Standards of Care (SOC) that are the internationally recognized guidelines and inform psychological and medical treatment throughout the world.[31] The WPATH Standards of Care are formulated and revised over a period of nearly 30 years by the foremost experts in the care of transgender and gender diverse individuals, informed by the available scientific and clinical research. These guidelines are supported by the leading medical and mental health associations in the United States and worldwide, including the American Medical Association, the Endocrine Society, the American Psychological Association the American Psychiatric Association, the World Health Organization, the American Academy of Family Physicians, the

[30] For example, see American Psychiatric Association, Board of Trustees and Assembly, *Position Statement on Issues Related to Homosexuality*, (2013) and (2018) APA Reiterates Strong Opposition to Conversion Therapy. Retrieved from https://www.psychiatry.org/newsroom/news-releases/apa-reiterates-strong-opposition-to-conversion-therapy. American Psychoanalytic Association (2012). 2012 - Position Statement on Attempts to Change Sexual Orientation, Gender Identity, or Gender Expression. Retrieved from: http://www.apsa.org/content/2012-position-statement-attempts-change-sexual-orientation-gender-identity-or-gender.

[31] Coleman, E. et al., The World Professional Association for Transgender Health, Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People (7th ed. 2012).

American Public Health Association, the National Association of Social Workers, the American College of Obstetrics and Gynecology and the American Society of Plastic Surgeons.[32]

32. The following associations have also developed independent guidelines on gender identity treatment that are consistent with the SOC developed by WPATH: American Medical Association (2008) Resolution 122 (A-08); Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline (2009); American Psychological Association Policy Statement on Transgender, Gender Identity and Gender Expression Nondiscrimination (2009) and Guidelines for the Treatment of Transgender and Gender-Nonconforming Individuals (2015). These guidelines are periodically reviewed and updated to conform with available evidence.

33. The Law is a carefully designed to prohibit practices harmful to youth, while leaving ample room for a full range of appropriate therapies and interventions. For example, there are safe and effective psychotherapies for children, youth, and families confronting sexual orientation and gender identity issues. Some children and adolescents may be uncertain about their gender identity, experience distress regarding their gender or sex, experience their sexual orientation as fluid, or are unsure how to label their identity. These children and youth benefit from psychotherapies that permit exploration and self-determination and provide accurate information about sexual orientation and gender identity. These exploratory approaches are permitted by the Law, illustrating that the Law bans unsafe efforts while permitting safe and effective therapies.

34. For example, the American Academy of Child and Adolescent Psychiatry (AACAP) guidelines recommend psychotherapies that encourage developmentally appropriate

[32] American Medical Association, *Resolution 122 (A-08): Removing Financial Barriers to Care for Transgender Patients* (2008); Wylie C. Hembree et al. (2009). Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline, *Journal of Clinical Endocrinology & Metabolism, 94*(9), 3132; American Psychological Association. (2008). *Transgender, Gender Identity, & Gender Expression Non-Discrimination;* American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. *American Psychologist, 70*(9), 832.

identity exploration and integration without a predetermined outcome, adaptive coping, and family acceptance to improve psychological well-being.[33]

> *Comprehensive assessment and treatment of youth that includes exploration of all aspects of identity, including sexual orientation, gender identity, and/or gender expression is not "conversion therapy". This applies whether or not there are unwanted sexual attractions and when the gender role consistent with the youth's assigned sex at birth is non-coercively explored as a means of helping the youth understand their authentic gender identity.*[34] [emphasis added]

This approach permits a wide variety of identity exploration over wide-ranging areas, while restricting only the professional methods that have been shown to put minors at risk of serious harm.

35. The Law permits mental health providers to deliver treatments that are proven to be effective in relieving distress and improving mental health.[35] These therapeutic interventions can be from various practice perspectives, including those from diverse religious faiths,[36] and

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[33] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009); American Psychiatric Association - A Guide for Working with Transgender and Gender Non-conforming Patients.

[34] See American Academy of Child and Adolescent Psychiatry (2018). Retrieved from https://www.aacap.org/AACAP/Policy_Statements/2018/Conversion_Therapy.aspx.

[35] Burton, C.L., Wang, K., & Pachankis, J.E. (2017). Psychotherapy for the Spectrum of Sexual Minority Stress: Application and Technique of the ESTEEM Treatment Model. *Cognitive and Behavioral Practice, 26*(2), 285-299. DOI 10.1016/j.cbpra.2017.05.001; Chen, D., Edwards-Leeper, L., Stancin, T. & Tishelman, A.C. (2018). Advancing the practice of pediatric psychology with transgender youth: State of the science, ongoing controversies, and future directions. *Clinical Practice in Pediatric Psychology, 6*(1), 73-83; Edwards-Leeper, L., Leibowitz, S., Sangganjanavanich, V.F. (2016). Affirmative practice with transgender and gender non-conforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 165-172; Tishelman, A.C., Kaufman, R., Edwards-Leeper, L., Mandel, F.H., Shumer, D.E. & Spack, N.P. (2015). Serving transgender youth: Clinical practices, challenges, and dilemmas. *Professional Psychology: Research and Practice, 46*(1), 35-56; Turban, J.L. & Ehrensaft, D. (2018). Research Review: Gender identity in youth: treatment paradigms and controversies *Journal of Child Psychology and Psychiatry*, *59*(12), 1228-1243.

[36] For example, see Ream, G.L. & Savin-Williams, R.C. (2006). Religious development in Adolescence, In Adams & Berzonsky (Eds.). *Blackwell Handbook of Adolescence*. NY: Wiley. Throckmorton, W. & Yarhouse, M. A. (2006). *Sexual identity therapy: Practice guidelines for managing sexual identity conflicts*. Unpublished paper. Retrieved August 21, 2008, from http://wthrockmorton.com/wp-content/ uploads/2007/04/ sexualidentitytherapyframeworkfinal.pdf; Yarhouse, M. A. (2008). Narrative sexual identity therapy. *American Journal of Family Therapy, 39*, 196-210. Yarhouse, M. A., & Tan, E. S. N. (2005). Addressing religious conflicts in adolescents who experience sexual identity confusion. *Professional Psychology: Research and Practice*, *6*, 530-536.

include those supportive of family participation in children's lives.[37] The Law does not require any particular mental health intervention or gender identity or sexual orientation outcome.

36. I have read the declarations submitted by the Plaintiff Brian Tingley, Dr. Christopher Rosik, and Dr. Stephen Levine, in support of Plaintiff's Motion for Summary Judgment. The expert declarations from Dr. Rosik and Dr. Levine ignore the scientific research and the standard of care for this population of children and youth. The declarations include outdated and inaccurate representations of the scientific literature. They misstate the current professional consensus for the standard of care for children and adolescents, especially the current professional consensus of care for gender dysphoria in minors. Some of the material includes negative and harmful stereotypes of gender diverse and transgender individuals and contains outdated concepts of gender, gender identity, and gender dysphoria that are not consistent with current diagnostic criteria.[38]

37. Most importantly, the declarations of Dr. Rosik and Dr. Levine do not provide evidence that SOGICE is effective, beneficial, or safe. Systematic reviews have not found evidence of the effectiveness of change efforts and have instead found evidence for the use of non-directive treatments. Licensed providers have an ethical responsibility to provide scientifically-based interventions that avoid risks of harms.[39] However, the scientific research and professional consensus are that conversion therapy is ineffective and harmful.[40]

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[37] For example, see Ryan, C., Russell, S. T., Huebner, D. M., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. Journal of Child and Adolescent Psychiatric Nursing, 23(4), 205-213. Substance Abuse and Mental Health Services Administration (SAMHSA), (2014). *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD.

[38] American Psychiatric Association. (2013). *Gender Dysphoria. In Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition ed.). Washington, DC: American Psychiatric Publishing Inc. American Psychiatric Publishing. (2013). Gender Dysphoria. Retrieved March 13, 2014, from American Psychiatric Publishing: http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf; American Psychiatric Association (nd.). *Gender Dysphoria.* Retrieved from https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

[39] American Psychological Association (2017). *Ethical Principles Of Psychologists and Code Of Conduct*. Retrieved from https://www.apa.org/ethics/code/ethics-code-2017.

[40] See American Psychological Association (2021). APA Resolution on Gender Identity Change Efforts. Retrieved from https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf; American

38. The declarations submitted by the Plaintiff claim that only certain types of research can validate harms; this is incorrect. Harms are studied in a variety of ways in health treatments.[41] As many harms cannot be anticipated, such methods include patient reports, record review, surveys, and other rigorous scientific studies.

39. Independently conducted evaluations of efficacy and harms adequately demonstrate that SOCE and GICE are not effective and pose the risk of serious harms to patients.[42] The standards set by the National Research Act of 1974[43] that identified the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects. Research standards for children are quite stringent, so that directly studying an intervention that has no benefits and poses a risk of harm violates these research regulations, including the principle that one should not provide treatments to children that have been shown to be harmful to adults.[44] Given existing evidence of their harms and ineffectiveness, SOCE and GICE cannot be studied via direct experiments, including randomized control trials.

Psychological Association (2021). APA Resolution on Sexual Orientation Change Efforts. Retreived June, 2021 https://www.apa.org/about/policy/resolution-sexual-orientation-change-efforts.pdf. Wright T, Candy B, King M. Conversion therapies and access to transition-related healthcare in transgender people: a narrative systematic review. BMJ Open 2018;**8**:e022425. doi:10.1136/ bmjopen-2018-022425

[41] Frieden, T. R. (2017). Evidence for Health Decision Making — Beyond Randomized, Controlled Trials. *New England Journal of Medicine, 377:*465-475; Mulder R, Singh AB, Hamilton A, Das P, Outhred T, Morris G, Bassett D, Baune BT, Berk M, Boyce P, Lyndon B, Parker G, Malhi GS. (2018). The limitations of using randomised controlled trials as a basis for developing treatment guidelines. *Evidenced-Based Mental Health. 21*(1), 4-6. doi: 10.1136/eb-2017-102701; Mulder R, Singh AB, Hamilton A, Das P, Outhred T, Morris G, Bassett D, Baune BT, Berk M, Boyce P, Lyndon B, Parker G, Malhi GS. (2018). The limitations of using randomised controlled trials as a basis for developing treatment guidelines. Evidenced-Based Mental Health (21(1), 4-6. doi: 10.1136/eb-2017-102701.

[42] Ibid. See also Przeworski, A. Peterson, E. & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, 28(1), 81-100 https://doi.org/10.1111/cpsp.1237. Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, *2,* 53-70. Teachman, B. A., White, B. A., & Lilienfeld, S. O. (2021). Identifying harmful therapies: Setting the research agenda. *Clinical Psychology: Science and Practice, 28*(1), 101–106. https://doi.org/10.1037/cps0000002

[43] The Belmont Report. Retrieved from https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html.

[44] Department of Health and Human Services. (2018). 45 CFR 46. Retrieved from https://www.hhs.gov/ohrp/regulations-anpolicy/regulations/45-cfr-46/index.html; Grimsrud KN , Sherwin, CMT, Constance, JE, Tak, C, Zuppa, AF, Spigarelli, MG & Mihalopoulos, NL. (2015). Special population considerations and regulatory affairs for clinical research. *Clinical Research & Reguluatory Affairs, 32*(2) 47–56. DOI:10.3109/10601333.2015.1001900; Mercer, J. (2017). Evidence of potentially harmful psychological treatments for children and adolescents. *Child & Adolescent Social Work Journal*, *34*(2), 107-125. Retrieved from

40. Claims of effectiveness made by SOCE providers and proponents have either been disproven by recent scientific research,[45] failed to survive scientific scrutiny,[46] or were retracted by their authors.[47] Claims of SOCE's effectiveness are marred by serious methodological errors in research design and analysis, inappropriate claims of causality, or invalid generalizations from anecdotal claims based on single-case studies or select populations.[48]

41. Studies evaluating SOCE research[49] found that the subjects in studies purporting to validate CT were often referred by CT practitioners or "ex-gay" organizations. This "sampling bias" runs counter to the scientific standard of trying to find a broad sample of participants, and renders the results unreliable. When working with small communities or faith groups,

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https://doi.org/10.1007/s10560-016-0480-2; Kimberly, LL; McBride Folkers, K. Friesen, P, Sultan, D, Gwendolyn P. et al. (2018). Ethical Issues in Gender-Affirming Care for Youth. *Pediatrics,142*(6), e20181537.

[45] Bradshaw, K., Dehlin, JP, Crowell, KA Galliher, RV & Bradshaw, W.S. (2015) Sexual Orientation Change Efforts Through Psychotherapy for LGBQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints. *Journal of Sex & Marital Therapy, 41*(4), 391-412; Dehlin, J. P., Galliher, R. V., Hyde, D. C., & Crowell, K. A. (2014). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, 62, 95-105.

[46] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html; Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior, 18*, 93-114; Przeworski, A. Peterson, E. & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, *28*(1), 81-100. Retrieved from https://doi.org/10.1111/cpsp.1237; Serovich, JM, Craft, SM, Toviessi, P, Gangamma, R, McDowell, T & Grafsky, EL (2008). A Systematic Review Of The Research Base On Sexual Reorientation Therapies. *Journal of Marital and Family Therapy, 34*(2), 227-238.

[47] Spitzer, R. L. (2012). Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality. *Archives of Sexual Behavior, 41*(4), 757.

[48] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html.

[49] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html; Cramer, 2008, Panozzo, 2013, and Przeworski, et al., 2021; Cramer, R. J., Golom, F. D., LoPresto, C. T., & Kirkley, S. M. (2008). Weighing the evidence: Empirical assessment and ethical implications of conversion therapy. *Ethics & Behavior, 18*, 93-114; Przeworski, A. Peterson, E. & Piedra, A. (2021). A systematic review of the efficacy, harmful effects, and ethical issues related to sexual orientation change efforts. *Clinical Psychology: Science and Practice*, *28*(1), 81-100. Retrieved from https://doi.org/10.1111/cpsp.1237; Serovich, JM, Craft, SM, Toviessi, P, Gangamma, R, McDowell, T & Grafsky, EL (2008). A Systematic Review Of The Research Base On Sexual Reorientation Therapies. *Journal of Marital and Family Therapy, 34*(2), 227-238.

participants should be randomly selected from as many potential participants as possible to avoid bias. Selecting only participants who have been "chosen" by pro-SOCE practitioners or who are selected from a specific program risks selecting only those who are biased in favor of a particular result, or avoiding those who have been harmed or feel the experience is a failure. One article that used such methodology was retracted by its author citing its erroneous methods.[50]

42. Conversion therapists sometimes claim that their practices assist those whose sexual orientations have, in their view, been caused by sexual abuse or other traumatic events. But there is no credible link between a same-sex sexual orientation and sexual abuse. The American Academy of Pediatrics has concluded that "[T]here is no scientific evidence that abnormal parenting, sexual abuse, or other adverse life events influence[s] sexual orientation."[51] Reporting that one has been sexually abused is not proof of causality. In any event, CT is not a scientifically valid treatment for sexual abuse or other traumatic experiences. Evidence-based treatments for sexual abuse, and other abuse and trauma, focus on establishing safety and support and assisting survivors in managing post-traumatic stress and other mental health distress, reducing shame and self-blame, and resolving traumatic memories.[52] Changing sexual orientation is not part of these treatments and can increase shame and self-blame. The disclosure of sexual abuse in children and adolescents is a crisis to which the appropriate therapeutic response is emotional support. Comprehensive explanation guidelines for the treatment of sexual abuse and post-traumatic stress exclude SOGICE and focus on sexual orientation and gender

[50] Spitzer, R.L. (2012). Spitzer Reassesses His 2003 Study of Reparative Therapy of Homosexuality. *Archives of Sexual Behavior, 41*(4), 757.

[51] Frankowski, B.L. The American Academy of Pediatrics Committee on Adolescence. (2004). Sexual orientation and adolescents, *Pediatrics, 111*(6), 1827-1832. This report also discusses the development of sexual orientation so early in childhood it is prior to such adverse events.

[52] Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2003*). Child Physical and Sexual Abuse: Guidelines for Treatment. Final Report.* Retrieved from https://eric.ed.gov/?id=ED472572.

identity neutral approaches[53] or approaches that are sensitive to sexual orientation and gender diversity.[54]

IV. OVERVIEW OF RESEARCH AND PROFESSIONAL CONSENSUS ON SEXUAL ORIENTATION AND GENDER IDENTITY CHANGE EFFORTS

43. SOGICE is based on outdated, unscientific beliefs and false stereotypes about the causes and nature of sexual orientation and gender identity.[55] SOGICE is based on the inaccurate and pernicious stereotyped notions that same-sex attractions and gender identity diversity are disorders and inferior to opposite-sex attractions and cisgender identification, and that LGBT individuals are incapable of leading productive lives or engaging in stable sexual and family relationships.

44. In children and adolescents, SOGICE also includes attempts to change a child's or adolescent's sexual orientation or efforts to prevent the development of a same-sex sexual orientation and identity in adolescence and adulthood. SOGICE includes efforts to change gender expression in children (e.g., demeanor, actions, and dress associated with gender roles) and to suppress gender nonconforming behaviors in order to prevent or change gender nonconforming identities or transgender identities.

45. SOGICE occurs across the United States.[56] Based on survey data, it is estimated that about 350,000 adults in the United States received SOGICE when they were adolescents and about 16,000 youth (ages 13-17) will receive SOGICE from a licensed health care professional before they reach the age of 18 in the 30 states that currently do not restrict the

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[53] For example, see Forbes, D., Creamer, M. Bisson, J.I., Cohen, J.L. et al. (2010). *A guide to guidelines for the treatment of PTSD and related conditions*. Retrieved from https://doi.org/10.1002/jts.20565.

[54] Cohen, J. A. (2019). Trauma-focused cognitive behavioral therapy (TF-CBT) for LGBTQ youth. *Journal of the American Academy of Child & Adolescent Psychiatry*, *58*(10), S29. Retrieved from https://doi.org/10.1016/j.jaac.2019.07.124.

[55] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html.

[56] Turban, J.L. King, D. Reisner, S.L, Keuroghlian, A.S. (2019). Psychological Attempts to Change a Person's Gender Identity From Transgender to Cisgender: Estimated Prevalence Across US States, 2015. *American Journal of Public Health, 109*(10), 1452-1454 doi: 10.2105/AJPH.2019.305237

practice on minors. It is estimated that 10,000 LGBT youth (ages 13-17) live in states such as Washington State that restrict minor conversion therapy and have been protected from receiving conversion therapy from a licensed health care professional before age 18.[57] A recent study of transgender adults found that transgender individuals reported lifetime exposure to SOGICE in all 50 states from 2010-2015.[58]

V. SOGICE INTERVENTIONS ARE HARMFUL AND INEFFECTIVE

46. In this section, I review the research literature on CT for SOCE and research on CT for GICE. Some studies include both areas and some do not. In more recent studies (2020), the populations are often combined.

47. The results of these studies are clear. SOCE and GICE are not effective in changing sexual orientation or gender identity. And many participants, minors in particular, experience harms. These harms include suicidal ideation and attempts, depression, anxiety, increase in substance abuse, increase in self-harm/risk behaviors, feelings of worthlessness, sense of failure, loss of faith, sense of waste of time and resources, and mistrust of mental health professionals.

A. Research on Conversion Therapy 1960–2008

48. The APA Task Force Report comprehensively reviewed research between 1960 and 2008.[59] For the studies from 1960 to the 1980s, the Task Force found serious methodological problems; only a few studies met the minimal standards for evaluating whether psychological treatments such as efforts to change sexual orientation are effective. For the research from the

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[57] Mallory, C., Brown, C. N. T., & Conron, K. J. (2019, June). *Conversion therapy and LGBT youth: Update.* The Williams Institute, UCLA School of Law. Retrieved from https://williamsinstitute.law.ucla.edu/wp-content/uploads/Conversion-Therapy-Update-Jun-2019.pdf.

[58] Turban JL, King D, Reisner SL, Keuroghlian AS. (2019). Psychological attempts to change a person's gender identity from transgender to cisgender: estimated prevalence across US states, 2015. *American Journal of Public Health. 109*(10), 1452-1454.

[59] American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from http://www.apa.org/pi/lgbc/publications/therapeutic-resp.html; Panozzo, D. (2013). Advocating for an end to reparative therapy: Methodological grounding and blueprint for change. *Journal of Gay & Lesbian Social Services*, *25*(3), 362-377. https://doi.org/10.1080/10538720.2013.807214.

1980s to 2008, the Task Force found substantial deficiencies in research design and analysis of this research,[60] and that the research could not make credible causal claims that SOCE is effective.

1. Effectiveness

49. The APA Task Force Report concluded that the entire body of research from the 1960s to 2008 does not support any claims that SOCE can change sexual orientation. Participants in the early research continued to experience same-sex attractions following SOCE and did not report significant change to other-sex attractions that could be empirically verified.[61] The APA Task Force Report reached the following conclusion:

> [E]nduring change to an individual's sexual orientation is uncommon. The participants in this body of research continued to experience same-sex attractions following SOCE and did not report significant change to other-sex attractions that could be empirically validated, though some showed lessened physiological arousal to all sexual stimuli. Compelling evidence of decreased same-sex sexual behavior and of engagement in sexual behavior with the other sex was rare. Few studies provided strong evidence that any changes produced in laboratory conditions translated to daily life. Thus, the results of scientifically valid research indicate that it is unlikely that individuals will be able to reduce same-sex attractions or increase other-sex sexual attractions through SOCE.

This review of the literature included both aversive methodologies and non-aversive therapies, and included instances where the treatments in question had been sought by the recipient.[62]

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[60] These deficiencies include (a) inconsistent or non-uniform treatment, or multiple treatments so that it is unclear what actually impacted the patient; (b) unreliable assessment and outcome measures, including subjective measures of sexual orientation; (c) inappropriate selection and performance of statistical tests; (d) retrospective recall, where participants recall treatment experiences from long ago, which increase subjective judgments in the reporting of results that vulnerable to reappraisal, omission, social desirability, and distortion; (e) high participant drop-out rates; and (f) selective recruitment from SOCE providers or religious self-help groups that advocate for SOCE.

[61] Ibid, pp. 35-43.

[62] Aversive therapy is a form of behavior therapy in which the client is conditioned to change or eliminate undesirable behavior or symptoms by associating them with noxious or unpleasant experiences. In the SOCE context, aversive treatments have included inducing nausea, providing electric shocks, or having an individual snap an elastic band around the wrist; non-aversive treatments have included reframing desires, redirecting thoughts, or using hypnosis, with the goal of changing sexual arousal, behavior, and orientation. Ibid. at p. 22.

2. Harms

50. The research, including randomized controlled studies, from the late 1960s through the early 1980s documented harms. Both aversive and non-aversive forms of CT pose a significant risk of harms; this includes talk therapies pursued by the recipient. For example, research reviewed in the APA Task Force Report included evaluations of talk therapies pursued by the recipient, in which outcomes were not guaranteed. The APA Task Force Report found that participants in talk therapies and religious efforts reported: (a) decreased self-esteem and authenticity to others; (b) increased self-hatred and negative perceptions of homosexuality; (c) confusion, depression, guilt, helplessness, hopelessness, shame, social withdrawal, and suicidality; (d) anger at and a sense of betrayal by SOCE providers; (e) an increase in substance abuse and high-risk sexual behaviors; (f) a feeling of being dehumanized and untrue to self; (g) a loss of faith; and (h) a sense of having wasted time and resources.

51. The APA Task Force reviewed the literature on SOCE specifically performed on children and adolescents and found no research demonstrating that SOCE has an impact on changing childhood or eventual adult sexual orientation. In published studies, one common treatment in children was reinforcing gender stereotypic behaviors and suppressing nonconforming gender expressions to prevent adult LGB attraction and identity. The studies provided no evidence that teaching or reinforcing stereotyped gender-normative behavior in childhood or adolescence can alter future adult sexual orientation.[63]

B. Research Studies on Conversion Therapy 2009 to 2020

52. CT research from 2009 to 2020 falls into two broad categories, both of which examine the experiences of individuals who have undergone CT to explore their experiences.[64]

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[63] Ibid, pp. 71-80.

[64] Bradshaw, K., Dehlin, JP, Crowell, KA Galliher, RV & Bradshaw, WS (2015) Sexual Orientation Change Efforts Through Psychotherapy for LGBQ Individuals Affiliated With the Church of Jesus Christ of Latter-day Saints. *Journal of Sex & Marital Therapy, 41*(4), 391-412; Dehlin, J. P., Galliher, R. V., Bradshaw, W. S., Hyde, D. C., & Crowell, K. A. (2015). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology, 62*, 95-105; Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality, 61*,

The first group of studies provides information on how participants—primarily adults undergoing voluntary CT—perceive the success or other impacts of their experiences. The second group of studies uses cross-sectional and other samples of individuals who report being exposed to CT (both SOCE and GICE), and those who did not for information regarding post-treatment mental health and lifecourse.[65] These studies use existing large samples or internet recruitment to include more demographically diverse participants including women and people of color. The large size of these samples, often in the thousands or tens of thousands, allows a more complete picture of CT and reduces distortions from smaller, more homogenous samples. A review of these studies found that for research studies whose methodology supported their research questions, participants did not perceive they had experienced sexual orientation change. Many experienced harms. The findings are described below.

1242-1268; Maccio, E.M. (2011). Self-Reported Sexual Orientation and Identity Before and After Sexual Reorientation Therapy, Journal of Gay and Lesbian Psychotherapy, 15(3), 242-259; Ryan, C., Toomey, R., Diaz, R.. & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment, Journal of Homosexuality DOI: 10.1080/00918369.2018.1538407; Turban, J. L., Beckwith, N., Reisner, SL & Keuroglian, AS (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77(1):68-76. doi:10.1001/jamapsychiatry.2019.2285; Weiss, EM, Morehouse, J., Yeager, T, & Berry, T. (2010). A qualitative study of Ex-Gay and Ex-Ex-Gay Experiences. *Journal of Gay & Lesbian Mental Health*, 14(4), 291-319.

[65] Blosnich , J. R., Henderson, E. R., Coulter, R. W. S., Goldbach, J. T., & Meyer, I. H. (2020). Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016-2018. *American Journal of Public Health*, *110*(7), 1024-1030. Retreived from https://doi.org/10.2105/AJPH.2020.305637; Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American Journal of Public Health*, *110*(8), 1221-1227. Retrieved from https://doi.org/10.2105/AJPH.2020.305701; Higbee, M., Wright, E. R., & Roemerman, R. M. (2020). Conversion therapy in the southern United States: Prevalence and experiences of the survivors. *Journal of Homosexuality*. Advance online publication. Retrieved from https://doi.org/10.1080/00918369.2020.1840213; Ryan, C., Toomey, R., Diaz, R.. & Russell, S. T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality, 67*(2), 159-173. DOI: 10.1080/00918369.2018.1538407; Salway, T., Ferlatte, O., Gesink, D., & Lachowsky, N. J. (2020). Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. *Canadian Journal of Psychiatry*, *65*(7), 502-509. Retrieved from https://doi.org/10.1177/0706743720902629; Turban, J. L., Beckwith, N., Reisner, SL & Keuroglian, AS (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry*, 77(1), 68-76. DOI:10.1001/jamapsychiatry.2019.2285.

1. Effectiveness

53. One of the major studies is a 1,600-person sample where individuals voluntarily underwent SOCE. Researchers found that participants' same-sex attractions and arousal persisted despite the individuals' efforts to change. Ultimately, the vast majority of participants (95+%) reported little to no perceived change in sexual orientation change as a result of these efforts.[66]

54. These results are consistent with five other non-experimental studies on voluntary treatment of adults who reported that SOCE did not change their sexual orientation.[67]

2. Harms

55. The same study of 1,600 individuals referenced above found that 37% of participants reported moderate to severe harms. These included decreased self-esteem, increased self-shame, increased depression and anxiety, the feeling that they had wasted time and money, increased distance from God and their faith institutions, worsening of family relationships, and increased suicidality.

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[66] Bradshaw, K., Dehlin, J. P., Crowell, K. A., Galliher, R. V., & Bradshaw, W. S. (2015). Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with the Church of Jesus Christ of Latter-day Saints. *Journal of Sex & Marital Therapy*, *41*(4), 391-412. Retrieved from https://doi.org/10.1080/0092623X.2014.915907; Dehlin, J. P., Galliher, R. V., Hyde, D. C., & Crowell, K. A. (2014). Sexual orientation change efforts among current or former LDS church members. *Journal of Counseling Psychology*, *62*(2), 95-105. Retrieved from https://doi.org/10.1037/cou0000011.

[67] Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. *Journal of Homosexuality*, *60*(6), 801-827. Retrieved from https://doi.org/10.1080/00918369.2013.774830; Flentje, A., Heck, N. C., & Cochran, B. N. (2013). Sexual reorientation therapy interventions: Perspectives of ex-ex-gay individuals. *Journal of Gay & Lesbian Mental Health*, *17*(3), 256-277. Retrieved from https://doi.org/10.1080/19359705.2013.773268; Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality*, *61*(9), 1242-1268. Retrieved from https://doi.org/10.1080/00918369.2014.926763; Maccio, E. M. (2011). Self-reported sexual orientation and identity before and after sexual reorientation therapy. *Journal of Gay & Lesbian Psychotherapy*, *15*(3), 242-259; Weiss, E. M., Morehouse, J., Yeager, T., & Berry, T. (2010). A qualitative study of ex-gay and ex-ex-gay experiences. *Journal of Gay & Lesbian Mental Health*, *14*(4), 291-319. Retrieved from https://doi.org/10.1080/19359705.2010.506412.

56. This result is consistent with other studies where participants reported similar self-reported harms, such as increased depression, anxiety, suicidality, shame, guilt, and self-hatred.[68]

57. A 2018 cross-sectional study from Ryan and colleagues looked at young adults (ages 21-25) who identified as LGBT and had experienced conversion therapy delivered by parents and from outside the family.[69] The study found that 62.8% of those surveyed who had been subjected to "external conversion efforts" (from those outside the family) had attempted suicide—a rate nearly three times that of those not exposed to SOCE. The study stated that parental attempts to change adolescents' sexual orientation were also significantly associated with negative health and vocational outcomes in young adulthood, and that those problems were worse for young adults who experienced external conversion efforts during adolescence.

58. A 2020 study of over 1,500 individuals from a nationally representative sample of LBG adults,[70] found a significantly higher incidence of suicidal ideation and attempts in those who reported exposure to SOCE. Specifically, exposure to SOCE was associated with twice the odds of thinking about suicide, 75% increased odds of planning to attempt suicide, and 67% increased odds of suicide attempt resulting in moderate injury. The study (attached at Exhibit D)

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[68] Fjelstrom, J. (2013). Sexual orientation change efforts and the search for authenticity. *Journal of Homosexuality*, *60*(6), 801-827. https://doi.org/10.1080/00918369.2013.774830; Flentje, A., Heck, N. C., & Cochran, B. N. (2013). Sexual reorientation therapy interventions: Perspectives of ex-ex-gay individuals. *Journal of Gay & Lesbian Mental Health*, *17*(3), 256-277. https://doi.org/10.1080/19359705.2013.773268 ; Flentje, A., Heck, N. C., & Cochran, B. N. (2014). Experiences of ex-ex-gay individuals in sexual reorientation therapy: Reasons for seeking treatment, perceived helpfulness and harmfulness of treatment, and post-treatment identification. *Journal of Homosexuality*, *61*(9), 1242-1268. https://doi.org/10.1080/00918369.2014.926763; Maccio, E. M. (2011). Self-reported sexual orientation and identity before and after sexual reorientation therapy. *Journal of Gay & Lesbian Psychotherapy*, *15*(3), 242-259; Weiss, E. M., Morehouse, J., Yeager, T., & Berry, T. (2010). A qualitative study of ex-gay and ex-ex-gay experiences. *Journal of Gay & Lesbian Mental Health*, *14*(4), 291-319. https://doi.org/10.1080/19359705.2010.506412.

[69] Ryan, C., Toomey , R.B., Diaz, R.M., & Russell, S.T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: implications for young adult mental health and adjustment. *Journal of Homosexuality*, *67*(2), 159-173. DOI: 10.1080/00918369.2018.1538407.

[70] Blosnich, J. R., Henderson, E. R., Coulter, R. W. S., Goldbach, J. T., & Meyer, I. H. (2020). Sexual orientation change efforts, adverse childhood experiences, and suicide ideation and attempt among sexual minority adults, United States, 2016-2018. *American Journal of Public Health*, *110*(7), 1024-1030. Retrieved from https://doi.org/10.2105/AJPH.2020.305637.

accounted for adverse childhood events often linked to mental health issues, such as emotional, physical, and sexual abuse, and household substance abuse. Another similar study reported that the study participants identified both negative mental and physical health effects. The negative mental health effects include suicide attempts and ideation, depression, isolation, and illicit drug use.[71]

59. In 2020, Green and collaborators published a study of 34,000 13-to-25-year-olds LGBT- identified individuals to assess their mental health. Individuals reported their then-current mental health concerns.[72] The researchers asked about their experience of someone trying to change their sexual orientation and specifically, SOGICE. The researchers controlled for a number of factors to isolate the impact of SOGICE from other life events (e.g., discrimination, bullying), and compared those who had experienced SOGICE with those who did not. Those who reported undergoing efforts to change their sexual orientation were more than twice as likely to report having attempted suicide and having multiple suicide attempts. Those who reported exposure to SOGICE had almost twice the likelihood of seriously considering suicide, more than twice the likelihood of having attempted suicide, and two-and-a-half times the likelihood of multiple suicide attempts in the previous year.

60. Green and colleagues found that youth aged 13-25 who indicated that they had been exposed to SOCE also reported that in the past 12 months they had seriously considered suicide. The researchers reported that even after controlling for other events, SOGICE was the strongest predictor of multiple suicide attempts.

61. In Green's research (2020) (attached as Exhibit E), more transgender young people underwent SOGICE than cisgender youth underscoring that gender diverse and

[71] Salway, T., Ferlatte, O., Gesink, D., & Lachowsky, N. J. (2020). Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes among Canadian sexual minority men. *Canadian Journal of Psychiatry*, *65*(7), 502-509. Retrieved from https://doi.org/10.1177/0706743720902629.

[72] Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American Journal of Public Health*, *110*(8), 1221-1227. Retrieved from https://doi.org/10.2105/AJPH.2020.305701.

transgender youth are at a higher risk of undergoing SOGICE (even if labeled as attempts to change sexual orientation) and experience negative health effects.

62. In 2020 Turban and collaborators[73] published an analysis of a cross-sectional survey of over 27,000 transgender adults. The study compared adults who recalled being sent to GICE with those who did not. The study also asked if participants had been exposed to GICE before age 10. The results indicated an association between lifetime and childhood exposure to GICE and adverse mental health outcomes in adulthood, including severe psychological distress, lifetime suicidal ideation, and lifetime suicide attempts. The study found that experiencing GICE before age 10 years was associated with adverse mental health outcomes compared with non-GICE therapy.

63. In 2020, Higbee and collaborators published a quantitative analysis of a sample survey of adults who live in the southern United States. The study included two questions on SOCE that explore the experiences of adults who report SOCE exposure as minors. The first question inquired if subjects had experienced SOCE as adolescents. Respondents who experienced SOCE as an adolescent had a significantly higher probability of experiencing a serious mental illness later in life. Additionally, those experiencing SOCE reported less religious observance later in life and lower educational attainment.[74]

64. In 2020, researchers published an analysis of data from a cross-sectional survey of Canadian LGBT men, which evaluated CT exposure among over 8,300 LGBT men in a 2012 survey. In a group that had received CT in the past year and at other times, the study found higher rates of mental health and physical health problems.[75]

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[73] Turban JL, Beckwith N, Reisner SL, Keuroghlian AS. Association Between Recalled Exposure to Gender Identity Conversion Efforts and Psychological Distress and Suicide Attempts Among Transgender Adults. *JAMA Psychiatry.* 2020;77(1), 68–76. D:10.1001/jamapsychiatry.2019.2285

[74] Higbee, M., Wright, E. R., & Roemerman, R. M. (2020). Conversion therapy in the southern United States: Prevalence and experiences of the survivors. *Journal of Homosexuality*. Advance online publication. https://doi.org/10.1080/00918369.2020.1840213

[75] Salway, T., Ferlatte, O., Gesink, D., & Lachowsky, N. J. (2020). Prevalence of exposure to sexual orientation change efforts and associated sociodemographic characteristics and psychosocial health outcomes

65. The psychological underpinnings of the negative mental health impacts of SOGICE were explored in a qualitative study of Canadians adults who report having undergone voluntary efforts. Participants reported a variety of sexual orientations and gender identities, but all had undergone voluntary CT efforts. Participants reported shame, confusion, brokenness, self-blame, regret, isolation, poor mental health, and suicidality as a result of their experiences.[76] Participants in this study also reported suicidality and long-lasting mental health issues, such as depression and anxiety.

66. The overwhelming research from 2009–2020 found that SOGICE provides no benefits and has the risk of harming those exposed, even years later. These harms are serious, and include a significantly increased likelihood of suicidal ideation and attempts, as well as depression and anxiety. Especially given that any harms would outweigh an intervention with no documented benefits, there is no justification for SOGICE.

VI. ETHICAL, WIDELY-SUPPORTED APPROACHES TO TREATING YOUTH WITH SEXUAL ORIENTATION AND GENDER IDENTITY CONCERNS

A. Widely Accepted Approaches and Guidelines Enhance Wellbeing

67. The standards of care for children and adolescents and their families experiencing concerns regarding sexual orientation and gender identity stress acceptance of the child as a whole person.[77] This requires a careful assessment of the child and their concerns, including

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among Canadian sexual minority men. *Canadian Journal of Psychiatry*, *65*(7), 502-509. https://doi.org/10.1177/0706743720902629.

[76] Goodyear, T., Kinitz, D.J., Dromer, E., Gesink, D., Ferlatte, O., Knight R. & Salway, T. (2021). "They Want You to Kill Your Inner Queer but Somehow Leave the Human Alive": Delineating the Impacts of Sexual Orientation and Gender Identity and Expression Change Efforts. *The Journal of Sex Research, 18*(1), 93-114. DOI: 10.1080/00224499.2021.1910616.

[77] SAMHSA, 2015. American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf; Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf.; Multiple guidelines and statements exist, but key guidelines include (with hyperlinks): American Academy of Pediatrics – Supporting & Caring for Transgender Children; American Psychiatric Association - A Guide for Working with Transgender and Gender Non-conforming Patients; American Psychological Association – Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical

identifying if there is distress and its origins, gender identity or sexual orientation issues, the child's cognitive and emotional capacities in a developmental framework, and any mental health concerns.[78]

68. Outcomes for children and adolescents are maximized by providing effective and safe treatment that increases a patient's ability to cope, understand, acknowledge, explore, and integrate sexual orientation and gender identity into a self-chosen life in which a patient determines the ultimate manner, definition, and expression of these aspects of self. Scientific research supports the position that patients perceive a benefit when offered approaches that support, accept, and recognize important values, including religious and spiritual concerns, without imposing a particular outcome on the patient.[79] These interventions are well-accepted and consistent with professional guidelines.[80]

69. The declarations submitted by the Plaintiff include inaccurate information about the current treatment for sexual orientation and gender identity issues in children and

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Practice Guideline; The World Professional Association for Transgender Health (WPATH) - Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

[78] Chen, D., Edwards-Leeper, L., Stancin, T. & Tishelman, A.C. (2018). Advancing the practice of pediatric psychology with transgender youth: State of the science, ongoing controversies, and future directions. *Clinical Practice in Pediatric Psychology 6* (1), 73-83; Edwards-Leeper, L., Leibowitz, S., Sangganjanavanich, V.F. (2016). Affirmative practice with transgender and gender non-conforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity 3* (2), 165-172; Tishelman, A.C., Kaufman, R., Edwards-Leeper, L., Mandel, F.H., Shumer, D.E. & Spack, N.P. (2015). Serving transgender youth: Clinical practices, challenges, and dilemmas. *Professional Psychology: Research and Practice, 46* (1), 35-56

[79] Bradshaw, K., Dehlin, J. P., Crowell, K. A., Galliher, R. V., & Bradshaw, W. S. (2015). Sexual orientation change efforts through psychotherapy for LGBQ individuals affiliated with the Church of Jesus Christ of Latter-day Saints. *Journal of Sex & Marital Therapy*, *41*(4), 391-412. https://doi.org/10.1080/0092623X.2014.915907.

[80] American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf; Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928. Retrieved from https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf.; Multiple guidelines and statements exist, but key guidelines include (with hyperlinks): American Academy of Pediatrics – Supporting & Caring for Transgender Children; American Psychiatric Association - A Guide for Working with Transgender and Gender Non-conforming Patients; American Psychological Association – Guidelines for Psychological Practice with Transgender and Gender Nonconforming People; Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline; The World Professional Association for Transgender Health (WPATH) - Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People.

adolescents. The standard of care has greatly evolved over the last decade and this section provides information regarding the current state of the science. In 1973, due to improved research on sexual orientation, homosexuality was removed from the American Psychiatric Association's Diagnostic and Statistical Manual. Professional guidelines recommend interventions that assist patients of all ages to reduce the effects of inaccurate information, stereotypes and discriminations against sexual minority persons by being responsive to culturally relevant factors; incorporating an understanding of multiple and intersecting identities and communities; and countering subsequent social inequities.[81] In 2013, due to research recognizing that variations in gender identity are normal, gender identity disorder was removed from the Diagnostic and Statistical Manual of the American Psychiatric Association.[82] Gender diversity is not seen as a mental illness. There is a large literature of evidence-based articles delineating appropriate developmentally-based interventions.[83] Given that gender diversity is not seen as pathological, treatment focuses on ways to address the psychological distress that results from

[81] American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for Psychological Practice with Sexual Minority Persons*. Retrieved from www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf.

[82] American Psychiatric Association. (2013). *Gender Dysphoria. In Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition ed.). Washington, DC: American Psychiatric Publishing Inc. American Psychiatric Publishing. (2013). Gender Dysphoria. Retrieved March 13, 2014, from American Psychiatric Publishing: http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf.; American Psychiatric Association (nd.). Gender Dysphoria. https://www.psychiatry.org/psychiatrists/cultural-competency/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis.

[83] Chen and Edwards-Lepper; Turbin, J.L. & Ehrensaft, D.. (2018). Research Review: Gender identity in youth: treatment paradigms and controversies. *Journal of Child Psychology and Psychiatry, 59*(12), 1228-1243; Spack NP, Edwards-Leeper L, Feldman HA, et al. (2012). Children and adolescents with gender identity disorder referred to a pediatric medical center. *Pediatrics, 129*(3), 418-425; Chen, D., Edwards-Leeper, L., Stancin, T. & Tishelman, A.C. (2018). Advancing the practice of pediatric psychology with transgender youth: State of the science, ongoing controversies, and future directions. *Clinical Practice in Pediatric Psychology, 6*(1), 73-83; Chen D, Hidalgo MA, Leibowitz S, Leininger J, Simons L, Finlayson C, et al. (2016). Multidisciplinary care for gender-diverse youth: A narrative review and unique model of gender-affirming care. *Transgender Health, 1*(1), 117-23; de Vries, A.L.C., McGuire, J.K., Steensma, T.D., Wagenaar, EE.V.F.; Doreleijers, T.A .H. & Cohen-Kettenis, P.T. (2014). Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics,* 134(4), 696-704; Edwards-Leeper, L., Leibowitz, S., & Sangganjanavanich, V. F. (2016). Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 165. See also, Guidelines of American Academy of Pediatrics, American Psychological Association, American Academy of Child and Adolescent Psychiatry, Endocrine Society, World Professional Association for Transgender Health.

an incongruence between one's sex assigned at birth and one's gender identity. Treatment goals include developmentally appropriate support and exploration of identity concerns, without one particular outcome being prioritized—except the reduction of distress.[84]

70. Children and adolescents who received comprehensive care for gender-related concerns have shown that transition care reduced distress.[85] Harm has not been identified for these gender-affirming treatment practices.[86]

71. By contrast, GICE have not been shown to alleviate or resolve gender dysphoria in youth.[87] And providing GICE is not considered an appropriate behavioral health treatment for minors as it is outside current professional ethical recommendations for treatments and evidence-based interventions that focus on nondirective identity exploration and development.[88]

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[84] Chen, D., Edwards-Leeper, L., Stancin, T. & Tishelman, A.C. (2018). Advancing the practice of pediatric psychology with transgender youth: State of the science, ongoing controversies, and future directions. *Clinical Practice in Pediatric Psychology, 6*(1), 73-83; Chen D, Hidalgo MA, Leibowitz S, Leininger J, Simons L, Finlayson C, et al. (2016). Multidisciplinary care for gender-diverse youth: A narrative review and unique model of gender-affirming care. *Transgender Health, 1*(1):117-23; de Vries, A.L.C. McGuire, J.K., Steensma, T.D., Wagenaar, EE.V.F.; Doreleijers, T.A .H. & Cohen-Kettenis, P.T. (2014). Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics, 134*(4), 696-704; Edwards-Leeper, L., Leibowitz, S., & Sangganjanavanich, V. F. (2016). Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity, 3*(2), 165.

[85] Allen, Luke R.; Watson, Laurel B.; Egan, Anna M.; Moser, Christine N. (2019). Well-Being and Suicidality Among Transgender Youth After Gender-Affirming Hormones, *Clinical Practice in Pediatric Psychology,* 7(3), 302-311; de Vries A.L.C., McGuire J.K., Steensma T.D., Wagenaar E.C.F., Doreleijers T.A.H., Cohen-Kettenis P.T. (2014). Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment. *Pediatrics, 134*(4), 696-704; Olson, K.R., Durwood, L., DeMeules, M., McLaughlin, K.A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*, 1-8. Turban, J.L. (2017). Transgender youth: the building evidence base for early social transition. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*, 101-102.

[86] American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist, 70*(9), 832-864; Byne, W., Bradley, S. J., Coleman, E., Eyler, A.E., Green, R., Menvielle, E.J., Meyer-Bahlburg, H.F.L., Pleak, R.R., Tompkins, D.A., & American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. (2012). Report of the American Psychiatric Association Task Force on Treatment of Gender Identity Disorder. *Archives of Sexual Behavior, 41*(4), 759-796. Retrieved from https://doi.org/10.1007/s10508-012- 9975-x.

[87] Bradley, S. J., & Zucker, K. J. (1997). Gender Identity Disorder: A Review of the Past 10 Years. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*(7), 872-880; Substance Abuse and Mental Health Services Administration (SAMHSA). (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth*, HHS Publication No. (SMA) 15-4928. Retrived from https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf.

[88] Kimberly, LL; McBride Folkers, K. Friesen, P, Sultan, D, Gwendolyn P. et al. (2018). Ethical Issues in Gender-Affirming Care for Youth. *Pediatrics,142*(6), e20181537.

72. A study published June 2021 on the course of gender identity development in youth provides insight on the developmental course of gender identity.[89] The study supports treatments that avoid imposing any identity goal on the child or adolescent.[90] These studies support interventions that increase family support; reduce stigma, stress, and discrimination; and facilitate identity exploration in a developmentally-appropriate frame.

B. SOGICE Delays Appropriate Care and Does Not Advance Mental Health

73. SOGICE reinforces n egative social stereotypes and conveys inaccurate information, which increases depression, self-hatred, blame, and hopelessness.[91] Instead of reducing the shame and negative stereotypes faced by these children and adolescents, SOGICE interventions can undermine their self-esteem, identity acceptance, and integration, by telling them that their deeply-felt identity and ability to love are "wrong" and "bad."[92] For pre-pubescent children who are struggling with gender issues, being pressured to change their gender expression or to conform to gender stereotypes can worsen their distress by undermining their sense of self and creating deep-seated shame.[93] As noted earlier, the harms caused by SOGICE include increases in suicidal ideation and attempts, depression substance abuse, and high-risk sexual behaviors.

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[89] Wagner, S., Panagiotakopoulos L., Nash, R., Bradlyn, A., Getahun, D., Lash, T.L., Roblin, D., Silverberg, M.J., Tangpricha, V., Vupputuri, S., and Goodman, M. (2021). Progression of Gender Dysphoria in Children and Adolescents: A Longitudinal Study. *Pediatrics*, e2020027722. Online ahead of print. DOI: 10.1542/peds.2020-027722.

[90] Ibid. See also Turban, J.L., and Keuroghlian, A.S. (2018). Dynamic Gender Presentations: Understanding Transition and "De-Transition" Among Transgender Youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*(7), 451-453;

[91] Nadal, K.L., Skolnik, A., and Wong, Y. (2012). Interpersonal and Systemic Microaggressions Toward Transgender People: Implications for Counseling. *Journal of LGBT Issues in Counseling*, *6*, 5-82.

[92] Ryan, C., Toomey, R., Diaz, R., and Russell, S.T. (2018). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality, 67*(2), 159-173. DOI: 10.1080/00918369.2018.1538407; Ryan, C., Huebner, D., Diaz, R.M., and Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay and bisexual young adults. *Pediatrics, 123*(1), 346-352. See also American Association of Pediatrics, 1993.

[93] Rosenberg, M., and Jellinek, M.S. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child and Adolescent Psychiatry*. *41*, 619-21.

74. SOGICE poses an additional significant risk of harm because it delays access to, and does not provide children and adolescents with, the benefits of scientifically-based psychotherapy to support their mental health. Risks of harm include life-threatening mental health distress, like suicidal ideation. So delay of appropriate interventions can be life-threatening.[94]

75. SOGICE can encourage parents to interact with their children in damaging ways.[95] SOGICE teaches parents to invalidate a child's deeply felt feelings about who they are which leads to dangerous behaviors, such as suicidal ideation and suicide attempts.[96] Research indicates that gender and sexual orientation diverse children and adolescents benefit when they experience support from their parents.[97] T This support does not change their gender identity or sexual orientation, but it improves their family relationship and reduces mental health distress and symptoms.[98] Research indicates that when children and youth receive this support, their mental health is similar to siblings and peers.[99] Parental indifference or rejection increases the

[94] Becerra-Culqui T.A., Liu Y., Nash R., et al. (2018). Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics, 141*(5), e20173845; Raifman, J, Charlton, B.M., Arrington-Sanders, R, et al. (2020). Sexual Orientation and Suicide Attempt Disparities Among US Adolescents: 2009–2017. *Pediatrics, 145*(3), e20191658.

[95] Ryan, C., Huebner, D., Diaz, R.M., and Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346-352. https://doi.org/10.1542/peds.2007-3524.

[96] Pariseau, E.M., Chevalier, L., Long, K.A., Clapham, R., Edwards-Leeper, L., Tishelman, A.C. (2019). The Relationship Between Family Acceptance-Rejection and Transgender Youth Psychosocial Functioning. *Clinical Practice in Pediatric Psychology, 7*(3), 267-277. Olson, K.R., Durwood, L., DeMeules, M., et al. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics, 137*(3), e20153223; Ryan, C., Russell, S.T., Huebner, D., Diaz, R., Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205-213.

[97] Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual, and transgender children*. San Francisco, CA: Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University; Ryan, C., Russell, S.T., Huebner, D., Diaz, R., Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing, 23*(4), 205-213.

[98] Rafferty, J., and Committee on Psychological Aspects of Child and Family Health, Committee on Adolescence, and Committee on Lesbian, Gay, Bisexual, and Transgender Health and Wellness. (2018). Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. *Pediatrics, 142*(4), e20182162.

[99] Olson, K.R., Durwood, L., DeMeules, M., et al. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics, 137*(3), e20153223.

risk of developing mental health symptom, including higher rates of depressive and anxiety symptoms.[100]

76. A treatment that poses a significant risk of harm without benefits fails to meet minimal standards of informed consent because a treatment can be offered only if it provides benefits. Ethically, therapists do not apply treatments that pose a significant risk of harm, even if requested by a parent or patient.[101] Especially when working with a minor, where consent is provided by a surrogate (i.e., parent or guardian), mental health providers must make extra effort to understand the role of a child's dependence on their parents and the different and competing goals of treatment.[102] Providers must ensure that their treatments provide benefit and avoid the risk of harm.

VII. CONCLUSION

77. Interventions aimed at changing an individual's sexual orientation or gender identity have not been empirically demonstrated to be effective or safe. SOCE and GICE are ineffective no matter the demographics of the participants.

78. There is no safe form of SOGICE. All SOGICE, whether aversive or non-aversive, poses significant risk to the health and well-being of minors. There is no research base for claims that SOGICE can change sexual orientation or gender identity in children and youth or that SOGICE provides any unique benefits that cannot be provided by therapies that are safe.

[100] Pariseau, E.M., Chevalier, L., Long, K.A., Clapham, R., Edwards-Leeper, L., Tishelman, A.C. (2019). The Relationship Between Family Acceptance-Rejection and Transgender Youth Psychosocial Functioning. *Clinical Practice in Pediatric Psychology 7*(3), 267-277.

[101] Koocher, G.P. (2008), Ethical challenges in mental health services to children and families. *Journal of Clinical Psychology, 64*, 601-612. Retrieved from https://doi.org/10.1002/jclp.20476.

[102] Ibid.

79. This Law is carefully designed to protect children and adolescents from the serious risk of harm while allowing mental health providers to deliver a full range of treatments that are safe and effective.

80. Major mental health professional organizations stand uniformly opposed to SOGICE.

I declare under penalty of perjury under the laws of the United States that the foregoing statements are true and accurate.

DATED this 24 day of June 2021, at Hillsborough, New Jersey

JUDITH M. GLASSGOLD, PSY.D

ATTORNEY GENERAL OF WASHINGTON
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DECLARATION OF SERVICE

I hereby declare that on this day I caused the foregoing document to be electronically filed with the Clerk of the Court using the Court's CM/ECF System which will send notification to all counsel of record.

DATED this 25th day of June, 2021, at Seattle, Washington.

/s/ Brendan Selby
BRENDAN SELBY, WSBA #55325
Assistant Attorney General